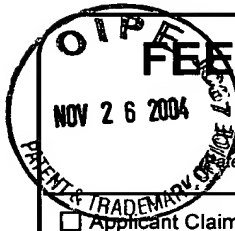


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110.00

Complete if Known

Application Number 09/873,714
Filing Date June 4, 2001
First Named Inventor Morenike Awokola
Examiner Name Elena Tsoy
Group / Art Unit 1762
Attorney Docket No. FA1002 US NA

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number

04-1928

Deposit
Account
Name

E.I. du Pont de Nemours and Company

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	790	201	395	Utility filing fee	
106	350	206	175	Design filing fee	
107	550	207	275	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$) 0

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20	18	18	
Independent Claims	3	88	
Multiple Dependent		300	0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	88	202	44	Independent claims in excess of 3
104	300	204	150	Multiple dependent claim, if not paid
109	88	209	44	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	\$110
116	430	216	215	Extension for reply within second month	
117	980	217	490	Extension for reply within third month	
118	1,530	218	765	Extension for reply within fourth month	
128	2,080	228	1,040	Extension for reply within fifth month	
119	340	219	170	Notice of Appeal	
120	340	220	170	Filing a brief in support of an appeal	
121	300	221	150	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,370	241	685	Petition to revive - unintentional	
142	1,370	242	685	Utility issue fee (or reissue)	
143	490	243	245	Design issue fee	
144	660	244	330	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR § 1.129(b))	
179	790	279	395	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

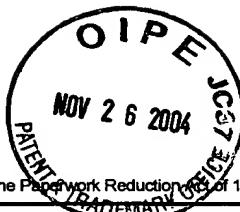
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Gail A. Dalickas	Registration No. Attorney/Agent	40,979	Telephone	(302) 984-6282
Signature	Gail Dalickas	Date	November 23, 2004		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Alexandria, VA 22313-1450.



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) FA1002 US NA																			
In re Application of: Morenike Awokola et al.																					
Application Number: 09/873,714		Filed: June 4, 2001																			
For: Process For Multilayer Coating Of Substrates																					
Group Art Unit 1762		Examiner: Elena Tsoy																			
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$430.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$980.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1530.00</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2080.00</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ ____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1928</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): .</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table><tr><td>November 23, 2004</td><td></td></tr><tr><td>Date</td><td>Signature</td></tr><tr><td></td><td>Gail A. Dalickas (Reg. No. 40,979)</td></tr><tr><td></td><td>Typed or printed name</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of 1 forms are submitted.</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530.00	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080.00	November 23, 2004		Date	Signature		Gail A. Dalickas (Reg. No. 40,979)		Typed or printed name
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00																				
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00																				
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00																				
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530.00																				
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080.00																				
November 23, 2004																					
Date	Signature																				
	Gail A. Dalickas (Reg. No. 40,979)																				
	Typed or printed name																				

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

12/01/2004 EFLDRES 00000004 041928 09873714

01 FC:1251

110.00 DA